
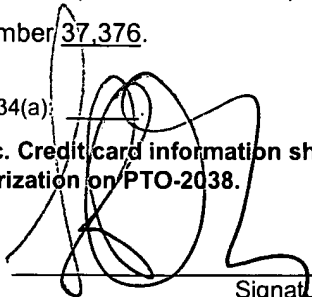


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|--|--|---|-------------------------------------|---|---------------------------------------|--------|---|---------------------|--------|---|--|--------|--|--|----------|--|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a) | | Docket Number (Optional) 248588002US1 | | | | | | | | | | | | | | | | |
|  | In re Application of Peter M. Rothermel et al. | | | | | | | | | | | | | | | | | |
| | Application Number 10/712,313 | | Filed November 12, 2003 | | | | | | | | | | | | | | | |
| | For MANAGING MULTIPLE NETWORK SECURITY DEVICES FROM A MANAGER DEVICE | | | | | | | | | | | | | | | | | |
| | Group Art Unit 2131 | | Examiner Not Yet Assigned | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>05/26/2004 SMINASS1 00000001 10712313</td> <td style="text-align: right;">\$ 110</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>05 FC:2251 55.00 0P</td> <td style="text-align: right;">\$ 420</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td></td> <td style="text-align: right;">\$ 950</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td></td> <td style="text-align: right;">\$ 1,480</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td></td> <td style="text-align: right;">\$ 2,010</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$55.00</u>.</p> <p><input checked="" type="checkbox"/> A check including the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-0665. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>37,376</u>.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>_____ May 24, 2004 Date</p> <p>_____ (206) 359-8000 Telephone Number</p> </div> <div style="width: 40%; text-align: center;">  _____ Signature </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"></div> <div style="width: 40%; text-align: center;"> <p>_____ Steven D. Lawrenz Typed or printed name</p> </div> </div> | | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | 05/26/2004 SMINASS1 00000001 10712313 | \$ 110 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | 05 FC:2251 55.00 0P | \$ 420 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | | \$ 950 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | | \$ 1,480 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | \$ 2,010 |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | 05/26/2004 SMINASS1 00000001 10712313 | \$ 110 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | 05 FC:2251 55.00 0P | \$ 420 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | | \$ 950 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | | \$ 1,480 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | \$ 2,010 | | | | | | | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> | | | | | | | | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> Total of <u>1</u> forms is submitted.</p> | | | | | | | | | | | | | | | | | | |

This form is estimated to take 6 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.